

 <p>Children's Services Agency</p> <p>Communication Issuance</p> <p>20-032*</p> <p>*REVISED on 5/28/2020 Previous Versions Obsolete</p>	Subject/Title	COVID-19 Response: Interim Caseworker Guidance for Face to Face Contacts, Parenting Time and Sibling Visits for Children's Services Agency and Contracted Child Placing Agencies UPDATED
	Type	<input checked="" type="checkbox"/> Informational Memorandum <input checked="" type="checkbox"/> Program Instruction <input type="checkbox"/> Policy Guide
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Distribution	<input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input checked="" type="checkbox"/> MDHHS BSC and County Directors <input checked="" type="checkbox"/> MDHHS Juvenile Justice Managers/Staff <input checked="" type="checkbox"/> MDHHS Child Welfare Managers/Staff <input checked="" type="checkbox"/> Native American Tribes <input checked="" type="checkbox"/> Office of Workforce Development and Training <input checked="" type="checkbox"/> Private Agency Child Welfare Managers/Staff <input checked="" type="checkbox"/> Private Residential Abuse/Neglect Managers/Staff <input checked="" type="checkbox"/> Private Residential Juvenile Justice Managers/Staff <input type="checkbox"/> Other:	

This communication replaces all prior versions of Communication Issuance 20-032.

The following provides guidance for Michigan Department of Health and Human Services (MDHHS), contracted child placing agencies and child caring institutions (CCIs) regarding conducting face to face contacts, parenting time, and sibling visits for children and families in response to current COVID-19 health concerns. The safety and health of staff, children, parents, and caregivers is the department's highest priority.

Guidance regarding parenting time and sibling visits has been updated in accordance with allowances provided in Executive Order 2020-96. All new guidance is highlighted.

IMMEDIATE CHILD HEALTH AND SAFETY

Face to face visits must occur to assess or respond to an immediate child health or safety concern, regardless of program or placement setting. In these instances, caseworkers should communicate with their supervisor for guidance on how to proceed with in-person contact to mitigate risk of exposure to and spread of COVID-19.

ALLOWABLE ALTERNATIVES

When permitted and needed, allowable alternatives include phone calls, Skype, FaceTime, or other technology that allows verification of child safety and ability to address identified concerns. Allowable alternatives should be documented within the social work contact section of MiSACWIS with the rationale "COVID-19." Please review contact requirements in each section carefully. Although allowable alternatives may be used for many contacts, some circumstances still require a child to be seen in person or using video technology.

CPS INVESTIGATIONS

CPS investigators must continue to make in-person face to face contact in the circumstances identified below.

Priority 1 Complaints – assigned by Intake as P1.

- Alleged Child Victims – Face to face contact must occur.
- Parent or Other Adult Primary Caregiver – Face to face contact must occur.
- Alleged Perpetrator – Face to face contact must occur.
- Non-victim Child – Allowable alternatives should be used for contact required by policy.
- Others – Allowable alternatives should be used for contact required by policy.
- Home Visits – In-person home visits must only occur if observation of the home is critical to investigation of the complaint.
- Collateral Contacts – Allowable alternatives should be used to accurately assess child safety concerns.

Priority 2 Complaints – assigned by Intake as P2.

- Alleged Child Victims – Face to face contact must occur.
- Parent or Other Adult Primary Caregiver – Allowable alternatives should be used for contact required by policy.
- Alleged Perpetrator – Allowable alternatives should be used for contact required by policy.
- Non-victim Children – Allowable alternatives should be used for contact required by policy.
- Others – Allowable alternatives should be used for contact required by policy.
- Home Visits – In-person home visits must only occur if observation of the home is critical to investigation of the complaint.
- Collateral Contacts – Allowable alternatives should be used to accurately assess child safety concerns.

***Exception:** If CPS cannot make face to face contact with an alleged child victim (i.e., worker safety is at risk due to child/household member symptoms/sickness, parent is denying access due to COVID-related concerns, etc.) and child safety is an immediate concern or the child is under 6 years old, caseworkers should consult with their supervisor for further direction. Collaboration with the local public health department and/or law enforcement may be needed.

***Safety Plans:** Given potential interruption in services caused by the COVID-19 health emergency, it is especially critical that safety plans be developed and regularly reviewed and updated with all applicable case members.

CPS ONGOING:

In-person contacts with child victims for CPS ongoing cases have been reduced to the following:

- **Intensive** – 1 contact per month is required in person (with supervisor consultation to ensure staff safety); remaining 3 contacts must occur using an allowable alternative.
- **High** – 1 contact per month is required in person (with supervisor consultation to ensure staff safety); remaining 2 contacts must occur using an allowable alternative.
- **Moderate and Low** – No in-person contact required; all contacts must occur using an allowable alternative. At least one contact per month must occur using video technology

(FaceTime, Skype, etc.). If use of video technology is not feasible (no access, service, etc.), caseworkers must consult with their supervisor to determine the best and safest way for the child to be seen. Phone calls and texts with children is not sufficient to meet the monthly contact requirement.

*Consistent with current policy, service provider contacts may take the place of CPS contacts.

***Exception:** More frequent in-person contact with the child must occur if it is necessary to determine or respond to a child safety concern. Coordination with law enforcement should occur if needed.

FOSTER CARE/JUVENILE JUSTICE/ADOPTION

Worker Contacts with Children in Care

Through 6/12/20, in-person worker contacts should not occur with children in foster care unless necessary to assess or respond to an immediate child health or safety concern. However, regardless of placement setting, all children must be seen by a caseworker at least monthly using video technology (FaceTime, Skype, etc.). If use of video technology is not feasible (no access, service, etc.), caseworkers must consult with their supervisor to determine the best and safest way to see the child in person. Phone calls and texts with children is not sufficient to meet the monthly contact requirement.

Worker Contacts with Others

Through 6/12/20, in-person worker contacts with all others involved in a case should not occur unless necessary to assess or respond to an immediate child health or safety concern. Required contacts must still occur using an allowable alternative (FaceTime, Skype, phone calls, etc.).

INDEPENDENT LIVING PLUS CONTRACTORS

Private agencies with a contract to provide Independent Living Plus services must continue to ensure the well-being of youth on their caseload and training of independent living skills of youth served under their contract. However, these requirements should not occur in person. Allowable alternatives should be used to meet contract requirements. At least one contact per month should be completed using video technology.

PARENTING TIME & SIBLING VISITS

Beginning now and no later than 6/11/20, agencies must resume in-person parenting time and sibling visits using locally developed plans. In order to resume in-person parenting time the following must be true:

1. **Staff and household members are healthy** – All visit participants and members of their respective households are not displaying symptoms of COVID-19, have fully recovered from any illness, including COVID-19, and have not had recent known exposure to anyone with COVID-19.
2. **Screenings completed with “no” responses** – Ensure the following screening questions are asked of all involved participants/case members and inquired of for each participant’s household members prior to in-person contact:
 - a. Is there any reason you have been instructed to self-quarantine or isolate? If yes, why?
 - b. Have you had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?

- c. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, shortness of breath or difficulty breathing, chills, muscle pain, new loss of taste or smell, nausea or vomiting, diarrhea)?
3. **In-person contact is safe for all participants** – If an individual is at high risk due to age, compromised immune system, or other risk factor, they may request that in-person contact not occur. Caseworkers should honor this request and discuss with their supervisor ways to resume visits as quickly as possible.
4. **All participants have face coverings to use indoors and outdoors if medically able to do so.** Children 2 years of age or older should be encouraged to wear a cloth face covering when they are within 6 feet of their parents to the extent that it does not lead them to touch their face more frequently or cause them to feel scared.
5. **Social distancing (6 feet) is able to be maintained among those who are not a direct part of the visit. Social distancing is not required among the parent, child and siblings.**
6. **The caseworker's supervisor is in agreement that the visit may be safely facilitated.**
7. ***Guidance for Planning In-Person Parenting Time and Sibling Visits, on page 5 of this communication, is followed.***

Staff should limit transporting and supervising visits to the extent possible.

Note: If public health concerns cannot be resolved to the satisfaction of all parties within the agency, county director, or Business Service Center (BSC) director, the case must be escalated to the executive director of the Children's Services Agency (CSA).

Escalation Based on Concerns

If concerns cannot be resolved at the BSC level, the case must be escalated to the executive director of the Children's Services Agency and include the following information:

1. Child(ren)'s name(s):
2. DOB or age(s):
3. County:
4. Agency (if applicable):
5. Current placement type:
6. Length of time in out-of-home placement:
7. Supervised or unsupervised visit:
8. If supervised, who will supervise visit:
9. Visit transportation plan:
10. Location of proposed visit:
11. Is there anyone in the child's placement or the parental home who has been instructed to self-quarantine or isolate? If yes, why?
12. Has anyone in the child's placement or the parental home had contact with any Persons Under Investigation (PUIs) for COVID-19 within the last 14 days, OR with anyone with confirmed COVID-19?
13. Does anyone in the child's placement or the parental home have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?
14. What are the concerns with the visitation plan?

Guidance for Planning In-Person Parenting Time and Sibling Visits

- Conduct visits outdoors whenever possible.
- If visits occur indoors, open windows if feasible.
- Visits should include as few people as possible.
- If the visit must occur indoors, ensure visiting space is thoroughly cleaned/sanitized prior to and following the visit.
- Visits in local offices are not preferable; however, if this must occur, ensure all community toys/table activities are cleared from the room. Parents, caregivers, foster parents should be invited to bring their own freshly sanitized toys/activities for use during the visit and take with them following the visit with instruction to sanitize upon return home. Toys that cannot be easily sanitized should not be allowed.
- Advise participants that they may bring their own gloves and/or sanitizer to the visit if they have them available. For outdoor visits, having ready access to hand sanitizer with at least 60% alcohol will provide additional protection if used after touching frequently-used surfaces or accidentally rubbing one's eye or nose. These items are not widely available and are therefore not able to be distributed by MDHHS/agency staff to individuals for purposes of participating in a visit.
- Limit exposure to unsanitized surfaces and large groups of people when determining where the visit will take place.
- Individuals from different households who may be present at the visits should maintain social distancing (6 feet). Social distancing between the parents and their children or among siblings is not expected during visits.
- Ensure all individuals involved in the visit have thoroughly washed/sanitized their hands prior to starting the visit and following the visit.
- Advise individuals involved to cover their mouth with a tissue when sneezing/coughing or do so into their elbow.
- Participants should wear a cloth face covering/mask during the visit. Children 2 years of age or older should be encouraged to wear a cloth face covering when they are within 6 feet of their parents to the extent that it does not lead them to touch their face more frequently or cause them to feel scared.
- All participating individuals should be advised to change and wash clothes upon return home.

PARENTING TIME FOR CHILDREN IN CHILD CARING INSTITUTIONS (CCIs)

In-person parenting time may continue for children in CCIs so long as it is safe to do so. Child Caring Institutions are required to assess for COVID-19 symptoms and risk factors for all individuals who are not under their care and seeking entry into their facilities. The facilities must deny entry to any individual with symptoms or risk factors or if there are other concerns present that allowing such visits would compromise the health or safety of staff or residents in the facility. Facilities should implement alternative electronic communication, including technology allowing for video visitation whenever feasible, to facilitate family visits when in-person visits cannot occur. Please see [Executive Order 2020-72](#) (or subsequent Executive Order replacing 2020-72) for additional details regarding entry into facilities.

RESOURCES

Staff should regularly check <https://www.cdc.gov/coronavirus/2019-ncov/index.html> for updated information from Centers for Disease Control and Prevention (CDC) and <http://michigan.gov/coronavirus> for updates from MDHHS. Additionally, the following resources may be helpful:

- [Caring for Children in Foster Care During COVID-19](#)
- [Cloth Face Coverings for Children During COVID-19](#)
- [Hand Washing: A Powerful Antidote to Illness](#)
- [Social Distancing: Why Keeping Your Distance Helps Keep Others Safe](#)

QUESTIONS

CSA understands each case has unique circumstances. If a private agency has questions regarding the face to face contact requirements or the visitation plan for a particular case, you should contact your local MDHHS office for guidance. If a local MDHHS office has questions, you should contact your BSC.